

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097868889 | FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2		1			
3	1				
4		1			
5	1				
6		1			
7	1				
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50					
TAL D.	1				
TAL P.	28	28	28	28	28
TAL AIMS	29	29	29	29	29

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	IND.	DEP.	IND.	DEP.
51				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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